

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Screening Therapeutic Agents

the specification of which (check only one item below):

☐ is attached hereto

☐ was filed as United States application Serial No _____ on _____ and was amended on _____ (if applicable).

☒ was filed as PCT international application Number PCT.EP99.00664 on 04-Feb-1999 ✓

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. United Kingdom	9802475.5	06-Feb-1998 ✓	
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No..	Filing Date (MM/DD/YYYY)	
1.		
2.		
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4.		
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued – Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		
PCT. EP99.00664	04-Feb-1999		X	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint **NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000** (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Arthur B. Crawford, 25327; Larry S. Nixon, 25640; Robert A. Vanderhye, 27076; James T. Hosmer, 30184; Robert W. Faris, 31352; Richard G. Besha, 22770; Mark E. Nusbaum, 32348; Michael J. Keenan, 32106; Bryan H. Davidson, 30251; Stanley C. Spooner, 27393; Leonard C. Mitchard, 29009; Duane M. Byers, 33363; Jeffrey H. Nelson, 30481; John R. Lastova, 33149; H. Warren Burnam, Jr., 29366; Thomas E. Byrne, 32205; Mary J. Wilson, 32955; J. Scott Davidson, 33489; Alan M. Kagen, 36178; William J. Griffin, 31260; Robert A. Molan, 29834; B. J. Sadoff, 36663; James D. Berquist, 34776; Updeep S. Gill, 37334.

Send Correspondence to: Nixon & Vanderhye PC

8th Floor
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Arlington
Virginia 22201-4714
USA

Direct Telephone Calls to:

1. Inventor's signature *Sylviane Gabrielle Nadine DENNLER* Date 11-July-2000
 Inventor's Name (typed) Sylviane Gabrielle Nadine DENNLER Nationality: French

First Middle Initial Family Name Citizenship

Residence (City) Amsterdam (State/Foreign Country) The Netherlands NLX
 Post Office Address The Netherlands Cancer Institute, Division of Cellular Biochemistry, Plesmanlaan 121, 1066 CX Amsterdam, Netherlands

2. Inventor's signature Jean Michel GAUTHIER Date
 Inventor's Name (typed) Jean Michel GAUTHIER Nationality: French
 First Middle Initial Family Name Citizenship

Residence (City) (State/Foreign Country)
 Post Office Address Laboratoire Glaxo Wellcome, Centre de Recherches, ZA de Courtaboeuf, 25 avenue de Quebec, 91940 Les Ulis, France

3. Inventor's signature Date

3. Inventor's signature _____ Date _____
Inventor's Name (typed) Staphane HUET Nationality:
First Middle Initial Family Name French
Citizenship

Residence (City) _____ (State/Foreign Country) _____
Post Office Address Laboratoire Glaxo Wellcome, Centre de Recherches, ZA de Courtaboeuf, 25
avenue de Quebec, F-91940, France

4. Inventor's signature _____ Date _____
Inventor's Name (typed) First Middle Initial Family Name Citizenship

Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____

5. Inventor's signature _____ Date _____
Inventor's Name (typed) First Middle Initial Family Name Citizenship

Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____

6. Inventor's signature _____ Date _____
Inventor's Name (typed) First Middle Initial Family Name Citizenship

Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____

7. Inventor's signature _____ Date _____
Inventor's Name (typed) First Middle Initial Family Name Citizenship

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Post Office Address _____

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Residence (City) _____ (State/Foreign Country) _____
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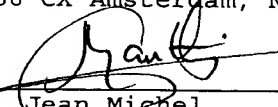
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U.S. APPLICATIONS			STATUS (Check one)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believe to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardise the validity of the application or any patent issued thereon.</p>				
<p>I hereby appoint NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000 (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Arthur B. Crawford, 25327; Larry S. Nixon, 25640; Robert A. Vanderhye, 27076; James T. Hosmer, 30184; Robert W. Faris, 31352; Richard G. Besha, 22770; Mark E. Nusbaum, 32348; Michael J. Keenan, 32106; Bryan H. Davidson, 30251; Stanley C. Spooner, 27393; Leonard C. Mitchard, 29009; Duane M. Byers, 33363; Jeffrey H. Nelson, 30481; John R. Lastova, 33149; H. Warren Burnam, Jr. 29366; Thomas E. Byrne, 32205; Mary J. Wilson, 32955; J. Scott Davidson, 33489; Alan M. Kagen, 36178; William J. Griffin, 31260; Robert A. Molan, 29834; B. J. Sadoff, 36663; James D. Berquist, 34776; Updeep S. Gill, 37334.</p>				
Send Correspondence to: <u>Nixon & Vanderhye PC</u> <u>8th Floor</u> <u>1100 North Glebe Road</u> <u>Arlington</u> <u>Virginia 22201-4714</u> <u>USA</u>			Direct Telephone Calls to:	

1. Inventor's signature _____ Date _____
 Inventor's Name (typed) Sylviane Gabrielle Nadine DENNLER Nationality: French
 First Middle Initial Family Name Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address The Netherlands Cancer Institute, Division of Cellular Biochemistry, Plesmanlaan 121, 1066 CX Amsterdam, Netherlands
2. Inventor's signature  Date 31st July 2000
 Inventor's Name (typed) Jean Michel GAUTHIER Nationality: French
 First Middle Initial Family Name Citizenship
 Residence (City) Les Ulis (State/Foreign Country) France FRX
 Post Office Address Laboratoire Glaxo Wellcome, Centre de Recherches, ZA de Courtaboeuf, 25 avenue de Quebec, 91940 Les Ulis, France
3. Inventor's signature _____ Date _____

3-03
3. Inventor's signature [Signature] Date July 13th, 2000
Inventor's Name (typed) Staphane HUET Nationality: French
First Middle Initial Family Name Citizenship
Residence (City) LES ULIS (State/Foreign Country) FRANCE FRX
Post Office Address Laboratoire Glaxo Wellcome, Centre de Recherches, ZA de Courtaboeuf, 25
avenue de Quebec, F-91940, France

4. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____

5. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____

Inventor's signature _____ Date _____
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Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____

8. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____